

Federal Savings Association Application to Convert to a Nebraska State Bank

I, _____, President of _____,
Name of President *Savings Association Name*
a savings association duly organized under the laws of the United States, with its main office located at _____

_____, do hereby make application pursuant to Sections 8-183.01 to 8-183.05 of the
Nebraska Banking Act to convert to a State Bank.

The Association's Plan of Conversion was approved by the Department on _____, and approved by
not less than sixty percent of the Association's members/shareholders at a meeting held _____.

In support of this application, I hereby make the following statements and representations and submit the following
information upon the several factors enumerated in Section 8-120 of the Nebraska Banking Act.

1. Upon conversion the name of the bank will be: _____.

2. The bank's main office will be at the same location as the Association's main office: ☐ Yes ☐ No
If no, state the proposed location:

Street County

City State Zip Code

3. The Association is a: ☐ mutual association ☐ capital stock association.

4. If a mutual association, will the association retain its mutual form of corporate organization after conversion?
☐ Yes ☐ No

5. If a capital stock association, attach a list of all stockholders with their respective address, occupation and number of
shares held.

6. If a mutual association that plans to convert to a capital stock form of organization, attach a list of proposed
stockholders with their respective address, occupation and number of shares held.

7. A copy of the Articles of Association, and all amendments thereto, as filed with the Office of Thrift Supervision is
attached.

8. A draft copy of revised Articles of Incorporation or Articles of Association, and a draft copy of the bylaws are attached hereto. The Association will file the revised Articles in the Office of the Secretary of State at such time the Director indicates an intention to approve this application.

9. A list of current Directors and Officers and a business resume for each is attached. Indicate whether any changes are planned in this list as a result of the conversion.

10. (a) Describe the types of services and products currently offered by the Association.

(b) Describe any changes in services and products that will be offered if the Association converts to a bank.

11. Does the Association currently have the authority to offer trust services? ☐ Yes ☐ No
If yes, does the Association intend to continue offering such services after conversion? ☐ Yes ☐ No

12. Describe the Association's trade territory.

13. Attach a copy of the most recent *Report of Condition and Report of Earnings* as filed with the Office of Thrift Supervision.

14. Attach a list of all Subsidiaries, Branch Offices, Automated Teller Machines, and Loan/Deposit Production Offices. Include the location of each and the name of each, if different from that of the Association.

CERTIFICATION

I certify that the information contained in this application been examined carefully by me and is true, correct, and complete, and is current as of the date of this submission. I acknowledge that any misrepresentation or omission of a material fact constitutes fraud and may subject me to legal sanctions.

Signed this _____ day of _____, _____.

Signature

Print or type name

Title